

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

SERIAL NO. 09/767610 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2						
3						
4						
5						
6						
7	I					
8						
9	I					
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11						
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14						
15	I					
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17	I					
18	I					
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22	I					
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24	I					
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28	I					
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30	I					
31	I					
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34	I					
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36	I					
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38	I					
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46						
47						
48	I					
49	I					
50						
TOTAL IND.			↓		↓	■
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	I					
52						
53	I					
54	I					
55	I					
56	I					
57			I			
58	I					
59	I					
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100						
TOTAL IND.			↓		↓	■
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FEE CALCULATION SHEET
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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/					
102						
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49	/					
50	/					
TOTAL IND.	29					
TOTAL DEP.	120					
TOTAL CLAIMS	149					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Claim	Date
Final	
Original	
151	
152	
153	
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final	
Original	
201	
202	
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